



EPA TRAVELER ID FORM

Select an Option

SECTION A – THIS SECTION MUST BE COMPLETED.

☒ Invitational Traveler

☐ New Employee

If New Employee - ☐ EPA ☐ SEE

Which System(s)? ☐ Travel Manager ☒ GovTrip ☐ IFMS

LAST NAME	FIRST NAME	MI	Official Use Only			
STREET ADDRESS		CITY	STATE	ZIP CODE	WORK PHONE #	EIN
EPA OFFICE/ORGANIZATION	EPA APPROVING OFFICIAL	REQUESTED BY	TELEPHONE NUMBER			
Alaska Operations Office AOO/A	Richard Parkin	Richard Parkin	(907) 271-1217			

SECTION B - COMPLETE THIS SECTION FOR DIRECT DEPOSIT REIMBURSEMENT

ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
NAME OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE	

AUTHORIZATION:

Traveler's Signature

Date

THE CINCINNATI FINANCE CENTER
Travel Team Help Desk 513-487-2346 ~ FAX 513-487-2595 ~ Email CINWD_Travel@epa.gov

All information on this form, is required under 31 USC 3322, 31CFR 208 and 210. The information is needed to prove entitlement to payments and will be used to process payment data from the Federal agency to the financial institution and/or the traveler. Routine uses established for EPA-29 are applicable. Failure to provide the information in Section A will prevent the Agency from processing your reimbursement. Failure to provide the information requested in Section B will prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

Instructions for EPA Traveler ID Form

We have updated our EPA Traveler ID Form. It is now Webform EPA-2635-4.

The form is to be completed for:

- A new EPA employee who has never traveled before;
- A new non-EPA employee who has the responsibility for preparing travel; or,
- A new non-EPA employee who is traveling at EPA's expense or Invitational Traveler.

Protecting your privacy is important to us. We ask this form be faxed **ONLY** to the following secured fax line: **FAX 513-487-2595**

If you have questions regarding this form please call: **Travel Team Help Desk 513-487-2346**